## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE MAR 2 8 2008

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| indicated unless maintenance fee notifica                                                                                                                                                                                                                                                                                                                              | ted below or directed other                                                             | herwise in Block 1, by (                                                                                                                                                                                                                                                                                                                             | (a) specifying a new corres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                         |                                                                                                    |                                                                                |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                           |                                                                                         |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s) Transmittal. This                                                                               | s certificate<br>paper, suc                             | cannot be used for                                                                                 | domestic mailings of the<br>rany other accompanying<br>or formal drawing, must |
| 24985<br>KENNETH S<br>372 RIVER DR<br>DAHLONEGA,                                                                                                                                                                                                                                                                                                                       | WATKINS JR                                                                              | 7/2007                                                                                                                                                                                                                                                                                                                                               | I her<br>State<br>addr<br>trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cert<br>reby certify that this<br>es Postal Service we<br>essed to the Mail<br>smitted to the USPT | s Fee(s) Tr<br>ith sufficient<br>Stop, ISSI             | Mailing or Transmansmittal is being on the postage for first JE FEE address a 73-2885, on the data | deposited with the United class mail in an envelope hove, or being facsimile   |
| i e                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Scunoth                                                                                            | 5. 4                                                    | rattens.                                                                                           | (Depositor's name) (Signature)                                                 |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                                                                                                                                                                                                                                                                                      | 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3/20/200                                                                                           | s 8                                                     |                                                                                                    | (Date)                                                                         |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                        | FILING DATE                                                                             |                                                                                                                                                                                                                                                                                                                                                      | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | ATTORNE'                                                | Y DOCKET NO.                                                                                       | CONFIRMATION NO.                                                               |
| 10/697,633                                                                                                                                                                                                                                                                                                                                                             | 10/697,633 10/29/2003                                                                   |                                                                                                                                                                                                                                                                                                                                                      | Michael D. Slawinski                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | i PS-01D2 7269<br>03/28/2008 NNGUYEN2 00000055 10697633 |                                                                                                    |                                                                                |
| TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                                                     | N: BARBELL AND DUN                                                                      | MBBELL SAFETY SPO                                                                                                                                                                                                                                                                                                                                    | ITING APPARATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 03/28/200<br>01 FC:250                                                                             |                                                         | NS GGRARAR SN                                                                                      | 720.00 OP                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 02 FC:150                                                                                          | 34                                                      |                                                                                                    | 309.00 OP                                                                      |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                                            | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                        | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSUE                                                                                   | FEE TO                                                  | OTAL FEE(S) DUE                                                                                    | DATE DUE                                                                       |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | YES                                                                                     | \$720                                                                                                                                                                                                                                                                                                                                                | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                |                                                         | \$1020                                                                                             | 03/27/2008                                                                     |
| EXAM                                                                                                                                                                                                                                                                                                                                                                   | MINER                                                                                   | ART UNIT                                                                                                                                                                                                                                                                                                                                             | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                         |                                                                                                    |                                                                                |
| DONNELLY, JEROME W                                                                                                                                                                                                                                                                                                                                                     |                                                                                         | 3764                                                                                                                                                                                                                                                                                                                                                 | 482-107000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    | -                                                       |                                                                                                    |                                                                                |
| <ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul> |                                                                                         |                                                                                                                                                                                                                                                                                                                                                      | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                         |                                                                                                    |                                                                                |
| PLEASE NOTE: Un                                                                                                                                                                                                                                                                                                                                                        | lless an assignee is ident<br>th in 37 CFR 3.11. Comp                                   | tified below, no assignee                                                                                                                                                                                                                                                                                                                            | THE PATENT (print or type data will appear on the part of the part | atent. If an assigned                                                                              |                                                         |                                                                                                    | cument has been filed for                                                      |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                               | riate assignee category or                                                              | r categories (will not be p                                                                                                                                                                                                                                                                                                                          | printed on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Individual 🗖 Co                                                                                    | rporation o                                             | or other private grou                                                                              | up entity Government                                                           |
| Aa. The following fec(s)  Substantial Issue Fee  Publication Fee (I)  Advance Order -                                                                                                                                                                                                                                                                                  | No small entity discount p                                                              | b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502143 (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                         |                                                                                                    |                                                                                |
| 5. Change in Entity Sta                                                                                                                                                                                                                                                                                                                                                | atus (from status indicate                                                              | •                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                         |                                                                                                    |                                                                                |
| * * * * * * * * * * * * * * * * * * * *                                                                                                                                                                                                                                                                                                                                | ns SMALL ENTITY state                                                                   |                                                                                                                                                                                                                                                                                                                                                      | b. Applicant is no long                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                         |                                                                                                    |                                                                                |
| nterest as shown by the                                                                                                                                                                                                                                                                                                                                                | records of the United Sta                                                               | ates Patent and Trademar                                                                                                                                                                                                                                                                                                                             | ed from anyone other than the Affice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e applicant, a regis                                                                               | sicioù attor                                            | ncy or agent, or the                                                                               | assignee of other party in                                                     |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   | fle                                                                                     | ME                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date 3/                                                                                            | 26/20                                                   |                                                                                                    |                                                                                |
| Typed or printed nam                                                                                                                                                                                                                                                                                                                                                   |                                                                                         | s. Watking                                                                                                                                                                                                                                                                                                                                           | Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Registration N                                                                                     |                                                         | 7466                                                                                               |                                                                                |
| This collection of inform application. Confident with mitting the complete                                                                                                                                                                                                                                                                                             | nation is required by 37 C<br>ntiality is governed by 35<br>and application form to the | CFR 1.311. The information of U.S.C. 122 and 37 CFR USPTO. Time will var                                                                                                                                                                                                                                                                             | ion is required to obtain or r<br>1.14. This collection is est<br>y depending upon the indiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | etain a benefit by the<br>imated to take 12 n<br>idual case. Any co                                | ne public w<br>ninutes to c<br>mments on                | which is to file (and complete, including the amount of time                                       | by the USPTO to process) gathering, preparing, and e you require to complete   |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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